

At the Center

Committed to Quality Care & Courteous Service

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A Message from Dr. Christina Ghaly, Interim CEO

Welcome to Spring! We are in the midst of several changes that will help to focus our efforts in preparation for health reform. As the most visible of our ongoing changes, I'd like to welcome Bonnie Bilitch to her new role as the Chief Clinical Operations Officer. Ms. Bilitch will work with a multi-disciplinary team to improve operational and administrative efficiency facility-wide. In addition, here are a few other changes happening *At The Center*.

Our outpatient team is busy working on a long list of performance improvement projects. These include finalizing a nurse staffing package for BOS approval, a variety of clinic moves and transitions to address evolving space needs, efforts to overhaul our referral and appointment scheduling process, continued roll-out of e-Consult, growth of our managed care capabilities and refinement of the patient financial screening processes.

Wellsoft goes live with physician documentation and computerized order entry on April 10th. Thanks to all of our colleagues in the ED and support departments (e.g., lab, pharmacy) for their tireless work in bringing this long-awaited change to the ED.

April 1st saw the opening of the Medical Center's first intermediate care unit on 4M called the Progressive Care Unit. This 10-bed unit is an important first step toward diversifying our inpatient units beyond traditional ICUs and medical-surgical floors.

We have seen continued improvement in our materials management. Thank you to our DHS colleagues in supply chain for the improvement we've seen so far and for working with us through our remaining issues.

Our ORCHID design and build process is moving forward steadily. An initial set of Subject Matter Experts have been selected and will start to be brought into the process as we arrange for suitable backfill. While the SMEs will remain a fluid group over the next 1-2 years, we thank the initial group for their enthusiasm they bring to the process.

I remain excited to work with you in the coming months since I came to this role in December. I have had the opportunity to meet many staff and hear of your questions, concerns and ideas. Please continue to present your ideas to management, administration or to me personally. Enjoy Spring!



National Doctor's Day

Just a few words that described the physicians that train, teach and practice medicine at LAC+USC Medical Center.



Nurses Knockin' Out Pressure Ulcers

By Annie Ternate, R.N., M.S.
Clinical Nursing Director, ICU/Cath Lab/IR



CMS, the Centers for Medicare and Medicaid Services, provided strict new guidelines and heightened awareness for financial reimbursement for Hospital Acquired Pressure Ulcers (HAPU's) in 2008. HAPUs prove to be very challenging for ICU patients in many facilities across the country, including LAC+USC Medical Center.

ROUND 1

In January 2010, the 4A -Medical ICU Nursing Staff developed a project called "Transforming Care at the Bedside (TCAB)" with a focus on reducing HAPUs to address the new CMS guidelines. The nurse-driven quality improvement project used the "Plan, Do , Study, Act" model and key principles championed by the Institute for Healthcare Improvement (IHI) to engage the frontline staff in change management. The 4A-MICU nurses had established four interventions to prevent and manage HAPUs on the unit.

Knockin' Out Pressure Ulcers, Cont'd page 2

Knockin' Out Pressure Ulcers, Cont'd

They included: 1. Visual red and yellow rose indicators on the doors of at-risk patients and patients with existing pressure ulcers; 2. The "Four Eyes check"- which involved two nurses assessing and verifying the status of each patient's skin upon admission; 3. The development of a Safety Calendar, a color-coded, easy to visualize calendar to show the pressure ulcers on the unit; and 4. Education of unit staff about best practices for identifying at-risk patients, identifying community acquired pressure ulcers on admission and the prevention and management of pressure ulcers.

ROUND 2

During the first 12 months of the TCAB project, the team surpassed the goal of reducing the number of HAPU's by 50%. The team's early results had a broader impact in seeing a 46% decrease in the hospital-wide HAPUs. After this initial success in the 4A MICU Unit, the project was expanded to other ICUs *At The Center*.

As a result of this project, from April 2010 to September 2012 , HAPU prevalence dropped by 86%. The dramatic reductions of HAPUs was successful due to the engagement and ownership of the project by the frontline 4A MICU staff, the Wound Care Management Nursing Team, the ICU Lift & Turning Team and nursing management that supported the team's work. In addition, a group of "skin care champions" from each ICU unit nursing staff team were identified and trained to assist and coordinate the daily skin care inspection and turning of all ICU patients as a new best practice.

ROUND 3

The 4A MICU Team presented their successful TCAB project results to the hospital medical and nursing leadership and administered training sessions to other ICU units to spread their positive outcome of the project. These endeavors resulted in an astounding overall reduction in HAPUs which continued throughout 2012.

TKO

As a result of this reduction and knockout of HAPUs, the project was recently featured in the National Association of Public Hospital's website (www.naph.org) for their Safety Network Transformation Initiatives. This nationwide recognition just demonstrates how staff can identify an issue and achieve effective results that sets the stage for hospital facilities across the nation.

Let's Celebrate César Chávez Community Service Week "Service to Others" March 25-29th

**El dió mucho de si mismo,
ahora es nuestro turno de dar!**

Elizabeth's Canvas

Phillip L. Moore III, MPA

Director, Clinical Affairs & Program Development

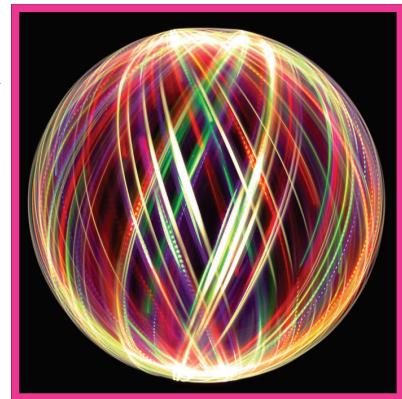
Cause to Create

LAC+USC Medical Center is excited to announce the launch of

the "Cause to Create" program. We have partnered with Elizabeth's Canvas , a non-profit organization that provides cancer patients and their families with free art programs that are unique, empowering and therapeutic.

Elizabeth's Canvas (EC) was founded by John-David Perry, a Harvard University graduate and former Harvard Fellow for Public Affairs. The organization is named after his mother, Elizabeth, who is a two-time cancer survivor. While in cancer treatment, John-David noticed how art and the creative process helped his mother become more relaxed and develop the necessary skills to battle her disease. His mother's inspiration caused him to create the locally supported non-profit that is built around the belief that creativity can strengthen the spirit and empower the mind.

EC's first artistic endeavor is training pediatric oncology patients to take "painting with light" classes by Los Angeles based photographer Andrew Hall. In addition to the classes, we are working on developing "Elizabeth's Canvas Reading Corner" areas on campus that will include comic books donated to our children as well as comic illustrations taught to our pediatric patients. More to come!



Sidewalk CPR: Stayin' Alive!

Kimberly Pluth

Public Relations & Marketing, Department of Emergency Medicine

National CPR week is on its way! We are happy to announce that Sidewalk CPR will be returning for its second annual event on June 4th 2013. Mark your calendar for this fantastic event featuring all of our dedicated staff led by the Department of Emergency Medicine (DEM).

Last year almost 900 community members were trained in Hands-Only CPR. The community enjoyed snacks, prizes, face painting and the groovy tunes of a DJ while learning this lifesaving basic technique.

Sidewalk CPR is part of the effort to close the gap between the community and hospital in terms of training lay people how to do CPR. In addition, the DEM has also been offering certification classes to Los Angeles Unified School District as part of their community outreach activities.

"Hands-Only CPR is one of the most simple and critical ways we can save lives in Los Angeles County"

-Cathy Chidester, Director, Emergency Medical Services



The Emergency Medical Services Agency was very excited about the number of people trained last year and hope we can double the number this year. E-mail cpr@uscdem.org to get additional information or inquire about how to volunteer (licensed & non-licensed staff needed).

Occupational Therapy: Living Life To The Fullest

Janice Ching, MA, OTR/L
Occupational Therapy Instructor

The American Occupational Therapy Association and the Occupational Therapy Practitioners in California have designated April 2013 as National Occupational Therapy Month.

Occupational therapy is a health profession that helps people whose lives have been

affected by illness or injury. People who benefit from occupational therapy range from the tiniest of newborn infants to older adults. Occupational Therapists (OTs) at LAC+USC Medical Center are actively involved in traditional as well as unique practice areas.

Inpatient OTs are key members of the discharge planning process. In the face of a consistently large caseload, they work energetically and efficiently to provide high quality and thorough care. After evaluating the patient for safe self-care performance, they make recommendations about the level of supervision needed by the patient and the type of discharge facility best suited to the patient's needs.

Outpatient OTs play a vital role in helping the patient adjust to his or her diagnosis. In the OT clinic, they evaluate and treat upper extremity injuries, orthopedic conditions and neurological disorders. They also conduct specialty treatment groups in Lymphedema and Rheumatoid Arthritis. They consult and provide treatment in Orthopedic, Hand, Jail and Hansens' Disease Clinics.

Pediatric OTs provide a critical service in Early Intervention. As the OT Feeding Specialist, Yoko Masuda is a valued member of the multidisciplinary team in the Neonatal ICU (NICU). The team relies on Yoko's expertise as she performs feeding evaluations and makes appropriate recommendations that will maximize the patient's potential to orally feed. In the Pediatric OT Outpatient area, Abigail Arambulo and Yoko Masuda provide a variety of therapeutic play interventions to help the patient with developmental delays to catch up to age-appropriate developmental milestones. They guide the patients toward normalizing age-appropriate behaviors, providing critical caregiver instruction as well. For the patients who need long term developmental therapy follow up from community agencies, Abby & Yoko provide compassionate interim care to the patients, while providing assistance to caregivers as needed through the referral process.

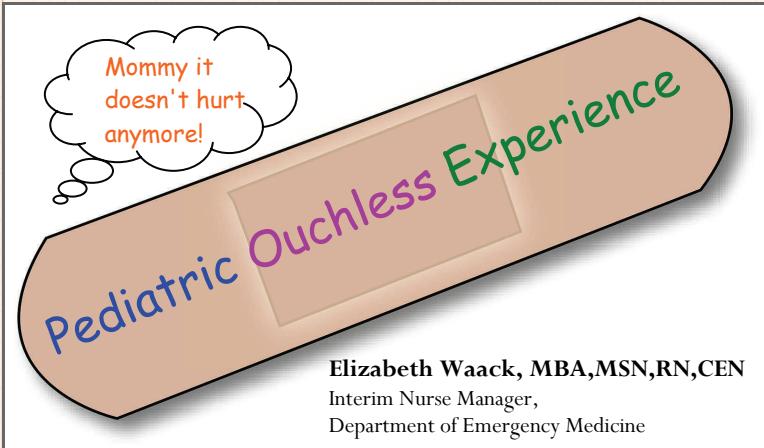
Working collaboratively to promote healthy lifestyles, the LAC+USC Pediatric Metabolic Clinic and staff Occupational Therapists Pam Supaphinant and Abigail Arambulo direct a group program for teens and pre-teens at risk for childhood obesity.

Occupational Therapy, Cont'd

Through a combination of active exercise, enjoyable activities and parent education sessions, the program has been effective in making positive changes with this vulnerable age group.

The Burn Center at the LAC+USC Medical Center is a recognized Center of Excellence, with which Occupational Therapy has a lengthy history. OT on the Inpatient Burn service works closely with the multidisciplinary team to provide daily treatment (splinting, exercise, edema management) and education. OT also covers Burn Clinic, where consultation is made for progressive exercises, scar management and instruction in skin care precautions. When needed, referrals are coordinated and made to Outpatient OT services as needed.

A well deserved appreciation is awarded to our OT team here *At The Center!!!*



Elizabeth Waack, MBA,MSN,RN,CEN
Interim Nurse Manager,
Department of Emergency Medicine

The Pediatric Emergency Department is dedicated to providing every child with an "Ouchless Experience" when presenting to our facility. The child and their family are greeted by a staff member with a smile wearing a visibly displayed colorful button in either English or Spanish that reads, "Ask me about an Ouchless Experience." The pediatric patient is then escorted to an available exam room to be seen by a provider. Each room is colorfully decorated in a different theme ranging from airplanes to zebras. The child and parent are offered several ouchless experience options based on tests and procedures ordered by the physician. For example, when a child requires a painful procedure such as drawing blood, the provider will likely order a needleless or topical application of site numbing medication prior to the procedure.

In June 2012, physicians and nursing staff adopted the use of the Buzzy Bee® in addition to the use of numbing medication to reduce painful tests and procedures. The Buzzy Bee® is a cheerfully decorated pulsating device that has been proven in research to reduce the amount of discomfort a child feels when receiving a shot or having blood work drawn. In October 2012, the pediatric nursing staff decided to conduct a study to review the effectiveness of using a combination of numbing medication and the Buzzy Bee®. Nearly 200 children and their parents surveyed by nurses generally reported a significant reduction in discomfort following a procedure. Nursing staff and physicians were thrilled to learn their commitment to providing an "Ouchless Experience" for children has been a success. The Pediatric Emergency Department will continue to strive to provide the most Ouchless Experience for every child treated.

Ambulatory Care Update

Bharat Chaudry, M.D.
Associate Medical Director

The Ambulatory Care Network, in collaboration with Coleman Associates, initiated the Patient Centered Scheduling (PCS) project in the medicine clinic. The primary goal of the collaborative effort was to decrease the number of no shows by 50% and reduce Third Next Available Appointment (TNAA). Here is what we are doing *At The Center*.

PCS is one of the key projects we are undertaking to improve our ambulatory care system on campus. This project will increase patient access by actively focusing on reducing no-show rates, simplification of the scheduling process, increasing patient slot capacity and reducing the TNAA. These activities will aid in accommodating patients' appointment requests with their primary care provider.

No Show Reduction

Activities in this area include verifying the patient's demographics (address and phone numbers) each visit; asking the patient their preferred next appointment time, including the day and the time slot; and making second reminder appointment calls 1-2 days prior to their appointment date.

TNAA Reduction and Increased Capacity

Clinic operational efficiencies include the creation of phone visit slots for providers; reviewing scheduled patient lists each week in advance for clinical appropriateness; adding one appointment slot for every three patients who are not contacted; and advising patients at clinic discharge to always call and notify the clinic if they are not able to make future appointments.

Outcome

The existing data for the medicine clinic has about a 28% No Show rate and TNAA is about 12 days. After the pilot, the No Show rate has decreased to 12% and the TNAA is about 5 days.

Overall, this project was extremely productive and will help us improve in delivering better patient care. Future plans are underway to implement these operational efficiencies in other primary care and specialty care clinics.

Weaving Threads of Resilience & Advocacy:

The Power of Social Work

Cecil Clark
Administrator, Medicine/Surgical and Support Services

March is National Social Work Month. Social Work is a helping profession of care —fueled by resilience and advocacy. This is the theme chosen by the National Association of Social Workers (NASW).

2012 was the 100th Year anniversary for the Department of Social Work at LAC+USC Medical Center. The Department is among the oldest Acute Care Hospital Social Work Departments west of the Mississippi. The first social worker was hired in 1912 when the Department of Health Services was known as the Department of Charities.

1940 was the year the Department became known as the Bureau of Medical Social Service and included the social work staff of General Hospital, Olive View and Rancho Los Amigos.

1970 was the year that Harbor General Hospital, El Cerrito and High Desert Hospital were included in the Bureau. However, in 1972, at the recommendation of the Chief Administrative Office, the Bureau was disbanded and the financial eligibility function being performed by social workers was assigned to the Patient Financial Services Division in each hospital. The separation allowed the Department in each facility free to practice more responsibilities within the social work profession.

Over the decades the Department *At The Center* has led the Nation in innovative Social Work Practice. At its peak, the 200 professionals in the Department was one of the largest in the country. The social worker advocates are at the forefront of developing and defining the role of the Medical Caseworker as discharge planners and placement experts for the indigent patients. The Department has also championed relationships with the major graduate schools to provide the best field work placements in the country. Today, students and former employees populate many of the major health care organizations in Southern California. The majority of these employees credit their work at LAC+USC with the best experience of their careers.

2013 saw the integration of the Department of Social Work and the Medical & Psychiatric Social Work Services. The Psychiatric Social Work Department was created and had existed separately from the Clinical Medical Social Work Department since the formation of the Department of Psychiatry at LAC+USC. The combined mission is to ensure that residents receive the highest quality, patient centered, cost effective health/mental health care through direct services and to collaborate with the community and academic institution partnerships, including USC on our campus.

LAC+USC's Social Workers create successful outcomes from impossible situations; they are hardworking, dedicated and resourceful patient advocates that weave together the fabric of the indigent patient into the cloth of society.

At the Center

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